

**Mayor's My Brother's Keeper Youth Advisory Council (MMBKYAC)  
2016/2017 Application**

**NOTE: MBKYAC requires a serious time commitment of approximately three hours a week (this can include MBKYAC board meetings, attending other board/city council meetings as assigned, MBKYAC events, and outside sub-committee work.) Please consider this before applying. MBKYAC members must be able to attend 75% of said activities throughout the school year, or they will be asked to resign from the board.**

Please complete all pages of this application and return by **November 1, 2016** to:

My Brother's Keeper Youth Advisory Council  
Attn: Antonio Furtick  
535 Telfair Street, Suite 200  
Augusta, Georgia 30901

MBKYAC is a voice for youth in the community, while organizing constructive community projects, strengthening relationships with all members in the community, promoting youth activism in governmental affairs, and acts as a resource for any organization upon request. Visit [www.mbkaugusta.com](http://www.mbkaugusta.com) for more information.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOW LONG HAVE YOU LIVED IN AUGUSTA-RICHMOND COUNTY? \_\_\_\_\_

SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

1. How did you hear about the Mayor's My Brother's Keeper Youth Advisory Council?
  
2. List your interests & activities (hobbies, organizations, clubs, sports, positions held, etc.):
  
3. What are you passionate about?

4. MBKYAC works in sub-committees; Of the following options, which sub-committees would fit you best?  
(Circle all that apply)

- Mentoring
- Literacy
- Employment
- Volunteer Outreach
- Youth Homelessness
- Education/Training
- Other? \_\_\_\_\_

4. Why do you want to serve on the My Brother's Keeper Youth Advisory Council? *(Please be specific)*

5. Do you understand that MBKYAC is a serious time commitment of 3 hours per week and are you able to make this commitment fit into your schedule? (Circle one)                      Yes                      No

Please provide two references (one peer and one adult). Please see Pages 3 and 4 of this application for information to provide to an adult and a peer (youth) for a personal reference.

Reference 1:

Reference 2:

Name \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Daytime Phone \_\_\_\_\_

I understand that if I am selected as a member of the City of Augusta-Richmond County My Brother's Keeper Youth Advisory Council, I will need to attend monthly MMBKYAC meetings, additional outside monthly board meetings as assigned, City council meetings as assigned, other activities/events, and participate in a manner that brings honor and respect to the City of Augusta-Richmond County, its citizens, and the Mayor's My Brother's Keeper Youth Advisory Council.

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**Signature of Applicant**

**Date**

I give permission for \_\_\_\_\_ to apply for the My Brother's Keeper Youth Advisory Council. If selected, I will permit and support him/her in attending meetings and activities related to the My Brother's Keeper Youth Advisory Council. (Activities will include, but are not limited to, discussing issue related to peers, mentoring programs, collecting canned food, coordinating summer programs volunteering at food pantries, volunteering at retirement facilities).

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**Signature of Parent or Guardian**

**Date**

**Photo Release Form**

I, \_\_\_\_\_

**Your Printed Name (parent/guardian if applicable)**

by my signature below authorize the City of Augusta-Richmond County to use my image and/or my child's image to promote or publicize city-sponsored events that involve the participation of the My Brother's Keeper Youth Advisory Council. I understand and agree that the publicity that the City publishes or issues for this event may be distributed on the internet and other media and may otherwise be available to the general public, and that the City has almost no control over the uses that the public puts to that publicity, including the images of me or my child. I am aware of the risk that a member of the public may, without my or the City's permission, use or alter my image or that of my child in a manner that would show me or my child in a false light or constitute libel or an invasion of my or my child's privacy. I agree that if I believe that the City's use of my or my child's likeness puts me or my child in a false light or otherwise constitutes an unreasonable invasion of my or my child's privacy I will so notify the City and will give the City a reasonable time to correct the problem or to retract the use of my image or my child's image.

In consideration of City's permission for me and child to participate in and promote events attended by the My Brother's Keeper Youth Advisory Council, I hereby grant permission to the City to publicize my image and/or that of my child on the City's official internet site and in and on other publicity media, and I for myself and/or for my child hereby WAIVE any claim that may otherwise accrue to me or my child against the City of Augusta-Richmond County for misuse of my or my child's published image by others in such a way as to cast me or my child in a false light or constitute libel or an invasion of privacy.

I understand that the copyright for all photographs or other images of me and/or my child will be held by the City of Augusta-Richmond County. This copyright includes without limitation any and all rights to include the work in this and any future publication of the City, in any format or media.

I hereby waive all rights to compensation for these photographs, regardless of how they are displayed. I waive any right to inspect or pre-approve the manner in which the photographs or accompanying material appears in printed or electronic form.

I have read this release form and fully understand and agree to its contents. I have not been induced or coerced in any way into signing this agreement.

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**Applicant printed name(s)**

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**Signature of Parent or Guardian**

**Date**

**Reference #1 / Adult**

**City of Augusta-Richmond County, My Brother's Keeper Youth Advisory Council**

- *Applicant:* **Two** references must be completed by non-relatives; one adult and one peer.
- *Reference:* Please include the following information about yourself so that we may contact you if necessary.

Applicant's Name \_\_\_\_\_

Reference's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

2. What is your relationship to the applicant? \_\_\_\_\_

3. Is the applicant dependable? \_\_\_\_\_

4. Why would you recommend the applicant for this position? \_\_\_\_\_

Signature

Date

**IMPORTANT!** Person completing this reference must place the reference in a **sealed** envelope and return to applicant for submission with MBKYAC Application.

**Reference #2 / Peer**

**City of Augusta-Richmond County, My Brother's Keeper Youth Advisory Council**

- *Applicant:* **Two** references must be completed by non-relatives; one adult and one peer.
- *Reference:* Please include the following information about yourself so that we may contact you if necessary.

Applicant's Name \_\_\_\_\_

Reference's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

2. What is your relationship to the applicant? \_\_\_\_\_

\_\_\_\_\_

3. Is the applicant dependable? \_\_\_\_\_

\_\_\_\_\_

4. Why would you recommend the applicant for this position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

**IMPORTANT!** Person completing this reference must place the reference in a **sealed** envelope and return to applicant for submission with MBKYAC Application